

DETROIT-TOYOTA SISTER CITIES PROGRAM

2007 STUDENT APPLICATION

The following information is used to assist in the selection of exchange students who are representative of the Detroit community. The student applying for the program should complete this application.

NAME _____
(First) (Middle) (Last)

ADDRESS _____ DETROIT, MI 482 _____

PHONE NUMBER _____

AGE _____ DATE OF BIRTH _____

FAMILY: List each member of your household including the name, age, relationship and occupation or school.

NAME	AGE	RELATIONSHIP	OCCUPATION/ SCHOOL
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you or your family participated in the Detroit Sister Cities Program previously?

Yes _____ No _____

If so, how? _____

School _____ **Grade** _____ **G.P.A.** _____

School Activities & Honors _____

Hobbies & Special Interests _____

Work Experience _____

Do you have any allergies or are you allergic to any medications? _____

If so, please specify.

Are you on any medication(s)? _____

If so, list any medical conditions and medications for particular condition. _____

If you are selected as an exchange student, you will be required to attend a six-week orientation program, which will be held once a week in the evening. Check your meeting preference.

(Check One) _____ Tuesday _____ Thursday

List the names of three references that are not members of your family (e.g. school counselor, teacher, minister, employer, etc.) **ONE REFERENCE MUST INCLUDE A CURRENT TEACHER OR COUNSELOR.**

NAME	ADDRESS	PHONE #	OCCUPATION
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EXCHANGE STUDENT ESSAY

Please write an essay between 400 - 500 words on why you should be selected as an exchange student for the Detroit-Toyota Sister Cities Program and what you hope to gain from this experience. The essay should be typed, double-spaced and attached to the application.

If I am selected as an exchange student, I understand that my family is agreeing to serve as a host family for the Detroit Sister Cities Program in the future.

Signature of Student Applicant _____

Signature of Parent or Guardian _____

Date _____

PLEASE RETURN APPLICATIONS BY FRIDAY, APRIL 6, 2007

Mail or fax applications to:
Kizzi Montgomery
Mayor's Office
Coleman A. Young Municipal Center
2 Woodward Avenue – Suite 1240
Detroit, Michigan 48226
(313) 628-2824 (Direct Line)
(313) 224-4128 (Fax)